

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | Solan M  |        | 11-28-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | Mar      | 1145   | 12/10/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 5/28/01 |
| 2        | 1/24/01 |
| 3        | ✓       |
| 4        | ✓       |
| 5        | ✓       |
| 6        | ✓       |
| 7        | ✓       |
| 8        | ✓       |
| 9        | ✓       |
| 10       | ✓       |
| 11       | ✓       |
| 12       | ✓       |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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